

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 3/25/03.

## **I. DISPUTE**

Whether there should be reimbursement for prescription medications paid by the injured worker from 4/2/99 through 2/3/03.

## **II. FINDINGS**

Per Rule 133.307 (c) and (d) "A request for medical dispute resolution of a medical fee dispute must be timely filed with the commission's Medical Review Division (division).

(d) Timeliness. A person or entity who fails to timely file a request waives the right to medical dispute resolution. The commission shall deem a request to be filed on the date the division receives the request, and timeliness shall be determined as follows:

- (1) A request for medical dispute resolution on a carrier denial or reduction of a medical bill pursuant to §133.304 of this title (relating to Medical Payments and Denials) or an employee reimbursement request shall be considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute."

Therefore, all disputed services prior to 3/25/02 are not within Commission jurisdiction and will not be reviewed.

## **III. RATIONALE**

Per Commission Rule 133.307 (e)(2)(A-B), "

- (2) Each copy of the request shall be legible, include only a single copy of each document, and shall include:

- (A) a copy of all medical bill(s) as originally submitted to the carrier for reconsideration in accordance with §133.304;

- (B) a copy of each explanation of benefits (EOB) or response to the refund request relevant to the fee dispute or, if no EOB was received, convincing evidence of carrier receipt of the provider request for an EOB;

The requestor failed to submit copies of receipts submitted to the carrier and copies of EOBs as required by the Act. Reimbursement is not recommended.

#### **IV. DECISION**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for prescription medications paid by the injured worker.

The above Findings and Decision are hereby issued this 5th day of January 2004.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division

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